Effective October 1, 2000 09/7/75												71758	8
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS								RATE		FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	Œ	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			3.2 minus 20=		· 12			X\$ 9=		OR	X\$18=	216.	
INDEPENDENT CLAIMS			14 minus 3 =		' 11			X40=			OR	X80=	880,
ML	LTIPLE DEPEN	IDENT CLAIM P	RESENT					+135=			OR	+270=	<i>0</i> 0 <i>0</i> ,
* If the difference in column 1 is less than zero, enter *0" in column 2							TOTAL			OR	TOTAL	1806.	
CLAIMS AS AMENDED - PART II									- L		J O	OTHER	
(Column 1) (Column 2) (Column 3							SMAL	L E	NTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	HIGH NUM PREVIC PAID		BER DUSLY	PRESENT EXTRA		RATE	1	ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE
	Total	· 33	Minus	3	?	= 1		X\$ 9=	٠		OR	X\$1B=	18
	Independent	. 16	Minus	/	4	= 2		X40=	T		OR	X80=	172
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=	. †		OR	+270=	
								TOTA				TOTAL	190
			ADDIT. FE	E L		JON ,	ADDIT. FEE	1 70					
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colum HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 31	Minus	- 3	3	-	\mathbf{I}	X\$ 9=			OR	X\$18=	
	Independent	NTATION OF MI	Minus II TIPLE DEF		CLAIM		$\ \ $	X40=			OR	X80=	·
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=			OR	+270=	
BEST AVAILABLE COPY								TOTA ODIT. FE			OR	TOTAL ADDIT. FEE	
5-17-05 (Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE		ADDI- 'IONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 3D	Minus	. 3	33	= /	\prod	X\$ 9=	I		OR	X\$18=	
	Independent.	. 15	Minus	••• /	6	= /	1	X40=	1		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=	\dagger		·	070	-
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									╀		OF	+270=	
1	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								Ē		OR	TOTAL ADDIT, FEE	
		ber Previously Pai					er four	nd in the a	appro	opdate box	in cod	ພກກ 1.	

19 C

Application or Docket Number